

# Goals, Philosophy & Essential Components of *FLASH*

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The **FLASH** curriculum, as a series (with different emphases at different grade levels):

- AFFIRMS ABSTINENCE as the safest way to avoid pregnancy and STDs and teaches skills for successfully abstaining.
- AFFIRMS RISK-REDUCTION and teaches skills for successfully using condoms and other disease- and pregnancy-prevention methods.
- ADDRESSES SEXUAL EXPLOITATION, including child sexual abuse, sexual and anti-gay harassment, and dating violence.
- FOSTERS FAMILY COMMUNICATION by referring to trusted adults when value-laden issues arise and by enabling family discussions through family homework.
- HELPS STUDENTS UNDERSTAND AND APPRECIATE THE HUMAN BODY, by addressing puberty, the reproductive system, pregnancy, contraception and sexually transmitted diseases.
- TEACHES STUDENTS HOW TO SEEK HELP, how to talk with their families and other adults they trust, to report sexual abuse, to access health care and communicate with health care providers, and to find reliable health information when they need it.

The authors of **FLASH** believe in young people's right to accurate, unbiased knowledge about themselves, their bodies, their relationships and the law. Research shows that information assists them in making the healthiest, wisest choices they can, and that **access to this information does not increase their risk-taking behavior**. We believe they will be most able to stick to their decisions if we give them a chance to observe and practice skills. We believe that if we, as adults, demonstrate respect for ourselves, our students, their families, and others, that students will show respect, too. Research has demonstrated that curricula that do these things actually succeed in positively impacting students' health behavior. People will still make mistakes. They will sometimes get hurt. Everyone does. That's how we learn to make better, safer, healthier, and more satisfying choices. Hopefully, with **FLASH**, we can increase students' ability to abstain, reduce the seriousness of their mistakes, and provide tools for those better choices.

At each grade level, the **FLASH** curriculum begins with a **CLIMATE-SETTING LESSON** intended to establish a safe, respectful, democratic environment conducive to learning. Some teachers, given time constraints and competing priorities, skip this lesson. We urge you not to skip it. Those who do use the lesson plan have consistently, for decades, reported a remarkable shift in students' attitudes and their treatment of one another as a direct result of this lesson. We know that you already have classroom ground rules. You probably established them long before the beginning of this unit. But revisiting them in the context of sexuality is crucial to the success of the unit. This content is more personal, more emotional and more socially complex than any other content you teach. It is essential to take the time to reaffirm community agreements and to demonstrate

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your own attitude of matter-of-fact respect for the subject matter and for your students in all their diversity.

The **FLASH** curriculum has a **FAMILY HOMEWORK COMPONENT**. Again, some teachers omit it. We urge you not to. Evidence shows that “when parents have conversations with their children about sex and contraception well before the children become sexually active, the initiation of sex may be delayed and the use of condoms or other contraceptives increased.”<sup>1</sup> Unsurprisingly, teens tend to delay sex if their parents express the hope that they will. And they tend to use contraception if they do have sex when their parents have expressed support for *that*, especially if parents or guardians talk openly and comfortably about it. While not every family talks easily about these issues, practice can help. Structured practice - that is, a class assignment - can make it less scary for families of all cultures and particularly for parents and guardians whose own families didn't have those conversations with them as they grew up. Homework is embedded in most lessons in this binder. Online, you can also find packets for families with all the *Family Homework* in English, Spanish, Vietnamese, Chinese, Russian and Arabic at [www.kingcounty.gov/health/FLASH](http://www.kingcounty.gov/health/FLASH) – click on “Parents & Guardians”.

The **FLASH** curriculum includes an **ANONYMOUS QUESTIONS COMPONENT**. At each grade level, we set aside time at the beginning of the unit to generate questions, rather than just allowing them. And we set aside time at the end of the unit to answer them, both as review and to ensure that students' most urgent needs get addressed. We devote time to this process because people who feel heard are more inclined to listen and participate. And because educators can't know what students misunderstand or fear unless we invite them to tell us. For advice about skillfully handling students' questions, see pages 17-24.

The **FLASH** curriculum includes lessons designed to help students learn to access and evaluate resources. It isn't enough to convey information. We need to prepare students to find it themselves and to determine which “information” is reliable and which is intended to sell them a product or otherwise mislead them. It isn't enough to encourage them to use adults as resources and to access health care. We need to actually introduce them to trustworthy, respectful, accessible adults - school and community-based counselors and health care providers - and to provide practice talking with them. At high school, **FLASH** includes a **STUDENT RESEARCH COMPONENT**. Students visit community resources, from clergy to clinicians, and make oral reports to their peers about the organizations they visited and their experience there (how they got there, how they were treated). This process may offer the most important learning of the entire unit, giving students skills and resources they can use the rest of their lives.

## Theoretical Basis for **FLASH**

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The **FLASH** curriculum, like most of the sexual health curricula that have been proven effective, is grounded in **Social Learning Theory**. It is designed to encourage people to make healthy choices: abstain longer, use protection if they do have sex, seek health care when they need it, communicate effectively with their families and with their

partners and health care providers, seek help for sexual abuse, treat others with respect (not harass or exploit them), and stand up to harassment and exploitation.

Based on Social Learning Theory literature, **FLASH** lessons include a variety of strategies designed to help students choose and succeed in these behaviors.

- There are activities that focus on **cognitive factors** (knowledge, expectations about likely consequences, attitudes about such things as gender roles and who should take responsibility for protection).
- There are activities that focus on **environmental factors** (norms and students' accurate perceptions of norms).
- There are activities that focus on the **behaviors** themselves (students see skills modeled, they practice, and they experience growing confidence in their own efficacy).

For more about Social Learning Theories we recommend ETR Associates' Resource Center for Adolescent Pregnancy Prevention (RECAPP): [www.etr.org/recapp](http://www.etr.org/recapp) (see "theories and approaches").

The sexual violence prevention lessons are further based on the Social-Ecological Model and the Confluence Model. The Social Ecological model seeks to impact factors that support violence at four levels: 1) individual, 2) relationship, 3) community and 4) society. **FLASH** focuses primarily on the levels 2, 3 and 4. The use of scenarios, introspective work and social norm re-setting addresses these levels. Visit the CDC's Violence Prevention website for more information: [www.cdc.gov/ncipc/dvp/social-ecological-model\\_dvp.htm](http://www.cdc.gov/ncipc/dvp/social-ecological-model_dvp.htm)

The Confluence Model<sup>2,3,4</sup> has long been used to explain sexual violence, but has only recently begun to be applied in the realm of prevention. This model posits that adverse developmental experiences during childhood have a detrimental impact on the ways in which individuals view themselves and others, and their ability to form meaningful and healthy relationships. In particular, these experiences can lead to a rigid, violent and objectifying view of women, which is a significant risk factor for perpetrating sexual violence.<sup>5</sup> **FLASH** addresses this risk factor by focusing heavily on increasing respect for all genders and breaking down harmful gender stereotypes.

## Recommended Policy, Procedure & Practice

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Insert your district's relevant guidance in the back of this **FLASH** binder. These may include, for instance:

- ~ A *Sexual Health Education Policy and Procedure*
- ~ Sexual health education practice expectations in memorandum form
- ~ An *Anti-Bullying Policy and Procedure*

What follows, below, are our best practice recommendations, in case your district does not have specific expectations of you on these matters.

### TEACH ACCURATE INFORMATION

Your sexual health education instruction should be medically and scientifically accurate. Sources of reliable information besides this curriculum include, for example, government agencies (e.g., the U.S. Centers for Disease Control and Prevention, your state or local health department), major universities, and the peer-reviewed journals and websites of major national professional associations. Your materials should be reviewed for accuracy on a regular basis as science continually improves what we “know.” Users of **FLASH** can check the [website](http://www.kingcounty.gov/health/FLASH) for the most current versions of lessons: [www.kingcounty.gov/health/FLASH](http://www.kingcounty.gov/health/FLASH).

Finally and most crucially: it is unethical to misstate data no matter how much you think it will help students make healthy choices. Many curricula, for example, cite perfect-use effectiveness rates for some methods of birth control, while citing typical-use rates for others (generally withdrawal and fertility awareness.) The truth is that when you use the same standard to compare these methods - studies of actual users - withdrawal and fertility awareness are nearly as effective as the female condom in preventing pregnancy and they are *more* effective than spermicides.<sup>6</sup>

### TEACH AGE APPROPRIATE CONTENT

Sexual health education instruction should be age appropriate. This means, for example, that it should anticipate students' growth and development. Just as you wouldn't wait until your child started kindergarten to talk about what to expect at school, we shouldn't wait to discuss puberty until children are experiencing it. That age is declining. In girls, breast development marks the beginning of puberty. The mean age for that in the United States is now 10 for white girls and 9 for African-American girls. So puberty conversations should begin in 3<sup>rd</sup> grade at the latest.

Is there such a thing as too early sexual health education? No. According to a 2001 American Academy of Pediatrics report, *“There is no evidence that increased sexual knowledge ... affects the likelihood of adolescents having sexual intercourse at a younger age.”*<sup>7</sup>

**FLASH** teaches community values such as respect for one's self and others and the importance of communication and honesty. Certainly, it could be harmful to expose young children to media that glorify sexual risk-taking and objectify women. But that is not what sexual health education does. The only downside to teaching about sexual health before a child is developmentally ready is that we will have to repeat the messages when the child is ready to listen later. But it would be unethical to deny potentially life-saving information to one child in a classroom because another isn't there yet and will tune it out.

One way to know what students need to know is to ask them. That's why every grade of **FLASH** includes an anonymous question process.

**TEACH IN WAYS THAT INCLUDE EVERY CHILD**

In sexual health education it's even more crucial than in other subject areas for you to validate and affirm every student with conscious regard for the probable diversity in the room. That includes aspects of diversity that may be invisible. Not all bodies look like the typical ones we draw. Some people have a third nipple; some boys have a penis that curves. Some children have atypical reproductive anatomies due to a Disorder of Sex Development (DSD); also known as intersex conditions. You don't need to know which students these are to mention that differences aren't uncommon or necessarily unhealthy.

Furthermore, students will be much more able to personalize health information and acquire new skills if they feel seen and respected for their genders and gender identities, races and ethnicities, abilities and disabilities, and sexual orientations. Those who are choosing to abstain need to feel your regard. Those who have had sex, consenting or not, need to feel it, as well.

Those whose parents were teens or unmarried when they were born should never feel judged by us. Similarly, those with lesbian, gay, bisexual or transgender parents or guardians should know we value their families. By high school, some students will have had abortions or be parenting. They need our respectful acknowledgement, too.

You don't have to agree with the decisions they've made. You don't have to approve of their families' religious practices. You do have to make your classroom a safe place where they can get as much value from the **FLASH** unit as anyone else.

**TEACH IN YOUR USUAL CO-ED SETTING**

All or nearly all of your lessons should be taught co-ed. Doing that conveys that this unit is like all others - equally important to students' health and academic success.

Even more critical: One of our goals is to prepare students to communicate comfortably regarding sexual health with their parents and guardians, health care providers, friends, romantic partners and future children of any gender. People who can communicate with a partner are more able to assert a decision to abstain and more likely to use protection when they do start having sex. A co-ed sexual health classroom is an essential chance to see that communication behavior modeled and to discover that it can become more comfortable with practice.

Besides, separating the class by gender can be unfair to students who are transgender or who are questioning their gender identities and who are not out about it.<sup>8</sup> It puts them in the potentially painful position of having to either pretend to be something they're not or to be honest and risk harassment or worse.

Furthermore, in our experience, co-ed sexual health lessons contribute to a safer environment in the hallways and cafeteria. Gender-related harassment seems to decline significantly among those who experience respectful co-ed interactions in class.

That said, it's important to recognize that young women from certain cultures and religious traditions may feel awkward in a co-ed class to begin with and especially in a sexual health unit.

- If you can, you might invite young women whose families immigrated to the U.S. in the last generation or two and any others who have expressed that modesty is a concern to them, to a one-time, after-school or lunchtime girls' group before the beginning of the unit. If you're male, co-facilitate the meeting with a female colleague. Have interpreters there if some students are English Language Learners. Welcome female relatives to attend. Use the group to introduce the unit and to establish that you respect the students' feelings (without assuming they all feel alike) and that you will do your best to make the classroom a safe place.
- If a girls' group meeting like this isn't possible, don't single them out in class, but do take extra care to acknowledge on day one of the unit that students, like you, bring their cultures with them and that you are trusting everyone to respect one another's cultural and religious values as they come up in the course of the unit. Similarly, acknowledge that many people feel awkward or uncomfortable talking about these issues in a co-ed context, and promise them that they will feel less awkward by the end of the unit. Explain that the unit will help them in the future to communicate with a parent, a partner, a health care provider or their own child regardless of that person's gender.

### PREVIEW VISUAL AIDS

It's important to preview any YouTube or other films before showing them in class, even those recommended within this curriculum and, consequently, approved by your district. Previewing is important regardless of a film's subject matter; it will allow you to prepare students for what to look for so their viewing can be as productive as possible.

Previewing the videos with your classroom equipment well in advance will also give you time to work with your IT Specialist if a particular online video is blocked, or if you need other technical assistance. If it turns out that you can't show a particular video to your classes, you may need the time to prepare an alternate activity. In most cases, alternate activities are suggested in the curriculum.

### TEACH COMPREHENSIVELY

Programs that teach only abstinence without condoms and other birth control methods appear to have little or no impact on students' sexual behavior. One of the most rigorous studies to date, a study of over 2000 students funded by the U.S. Department of Health and Human Services, found that students participating in four such programs were no more likely than those in a control group to actually abstain from sex.<sup>9</sup>

That said, **it's very important that you express genuine support for abstinence.**

When teachers say things like "abstaining is unrealistic," we render invisible the majority of teens who actually are abstaining. And we ignore the fact that, even in adulthood, people will have times in their lives when they choose to abstain and will need the confidence and skills to stick to and communicate the decision.

Similarly, **it's very important that you express genuine support for risk-reduction.**

We don't have a right to devalue or endanger the lives of those who don't abstain. Besides, most students will eventually have sex, whether now or in their twenties or thirties. If a teacher has communicated, consciously or unconsciously, that condoms

don't work or that birth control has more risks than benefits, students will be less inclined to protect themselves and their partners when the time comes.

The **FLASH** curriculum reinforces the national norm that the majority of teens do, in fact, abstain from intercourse. It teaches the skills needed to say “no,” to ask without pressuring, and to take “no” for an answer. It teaches that abstaining from sex is the only 100% effective protection from sexually transmitted disease including HIV and from pregnancy.

The **FLASH** curriculum also teaches the benefits of contraception and the costs of teen pregnancy and STDs. It teaches how the various birth control methods work, how effective they are and how they're used correctly. It teaches other strategies for prevention of STDs such as immunization and testing. It ensures that students know how to access health care.

**Best practice in middle and high school is to show and handle the actual birth control methods in order to model your comfort with them.** In middle school, people need to learn the steps for correct condom use. In high school, students should practice doing those steps in class. It's unnecessarily flippant and potentially offensive to use fruits and vegetables for condom demonstration or practice. If you don't have a penis model, often a wood or plastic phallus, we suggest unrolling condoms onto your own fingers or simply into the air.

Finally, “comprehensive” means so much more than “abstinence plus condoms and other contraceptives.” Sexual health education should certainly work to reduce rates of pregnancy and disease. But it can also, as Washington State's guidelines explain, foster *“healthy self-esteem, positive body image, good self-care, effective communications, respect for others, caring for family and friends, and a responsibility to community ... understanding body changes, sexual intimacy and commitment ... and recognizing the joys and responsibilities of parenting.”*

### **MANAGE SEXUAL HARASSMENT, INTIMIDATION, AND BULLYING**

Best practice is to establish in the beginning of a semester that the learning community will be harassment-free. Discussing bias and bullying in advance may prevent lost instruction time later, not to mention heartache and risk of students' skipping class, taking risks, self-harming, and dropping out. For an example of one way to launch a safe semester, see *Speechifying*, an essay by Beth Reis, at [www.safeschoolscoalition.org/speechifying.pdf](http://www.safeschoolscoalition.org/speechifying.pdf)

Then, if harassment does still occur, and some will, your responsibility is to intervene promptly, firmly, and equitably. The goal is to make the classroom and the whole school environment as safe as possible. You need to treat bullying that is based on gender, sexual orientation, gender identity or expression (masculinity, femininity) with similar gravity and consequences as you would bullying based on religious, racial, ethnic, country-of-origin or disability bias.

### **PARTNER WITH FAMILIES**

Families are children's first and most important sexuality educators. Research has shown that when parents value delaying sex and using contraception and when they

communicate with their child about sexuality openly and comfortably, the child is less likely to take sexual risks. Hence, one of the goals of the **FLASH** curriculum is to foster increased communication about sex-related values and feelings between students and their families. That's why we strongly encourage family homework activities. And it's why we refer to trusted adults when value-laden issues arise in class.

It is also why it is best practice, even if the law didn't require it, for parents and guardians to have plenty of notice (30 days notice is required in Washington State for HIV lessons) and an opportunity to review the materials you will use. There are a number of ways to do that. You can model a lesson and pass around the curriculum during back-to-school night in the fall. Some schools make the curriculum available all year at the district's offices. If families have access to the Web, you can encourage them to peruse the whole **FLASH** curriculum online at [www.kingcounty.gov/health/FLASH](http://www.kingcounty.gov/health/FLASH).

We recommend inviting parents and guardians to explain to you their own family's structure and values and their cultural, ethnic and religious perspectives on the topics you'll be addressing in class. It will help you to represent them accurately and respectfully when describing the different kinds of families and the diverse values in the community. We've found that families are grateful for that kind of humility and openness to learning on the part of teachers.

We recommend that you invite parents and guardians to observe in the classroom. It can be a little nerve-wracking, especially if you're teaching **FLASH** for the first time, but we've found that families leave feeling relieved and reassured. Even if they don't take you up on the offer, your transparency will be appreciated. Ideally, they'll observe during a class period other than their own child's to reduce their child's discomfort. But that may not meet their needs. In any case, if you do welcome them to class, we suggest that you establish in advance that they may only observe, not participate, and that you will confer with them in private afterwards if they have questions. See more about partnering with families on pages 12-14.

### **EXCUSE STUDENTS**

In about two-thirds of states, families have the right to excuse their child from planned sexual health lessons. **FLASH** considers that "best practice." In two states (Utah and Nevada), families actually have to opt their child in; the default is no access to sexual health education. A third of states leave it up to the district or are silent on the matter of opting in or opting out.

In states like Washington where families may excuse their child, they can contact the principal or the district office for a form to sign. A very few will actually decide to do that. You will want to encourage those who are considering it to meet with you and learn about how respectful you are of families' diverse values. Those who do decide to excuse their child should be encouraged to opt out of only whichever lessons concern them and not necessarily the whole unit.

You can support their teaching the same content at home by suggesting they look at the [FLASH website](http://www.kingcounty.gov/health/flash) and by giving them a set of Family Homework Activities to use if they wish, in English or another language (available on the [FLASH website](http://www.kingcounty.gov/health/flash)). And remember



that best practice is for teachers to handle the student's leaving class in a discreet and respectful way and to give them meaningful alternative work to do elsewhere.

### **ANSWER ALL QUESTIONS**

It's the philosophy of the **FLASH** curriculum that every student's question deserves an honest, age-appropriate answer. Sometimes students have to ask a question in a crude or flippant way out of anxiety or peer pressure; that doesn't mean they don't have a real need for an answer. Besides, treating all questions seriously will change the climate quickly to a more mature one. Guidelines for handling questions follow on pages 17-24.

### **PROTECT STUDENTS' PRIVACY & SEEK HELP WHEN APPROPRIATE**

To the extent that is legally permissible, your job is to honor students' trust by keeping their disclosures and personal information confidential. Never reveal one student's private information to another student. Talk with another staff person only in private and only when necessary. Safeguard students' stories conscientiously, even in conversations with their families, except when students talk about being hurt, hurting someone else, or planning to hurt themselves.

And even then - even if you are required by law to seek help through a child protection agency - do your best to afford the student as much control as possible. Invite the student to do the telling themselves, if they prefer, with you present for support and to ensure that it happens. If possible, allow the student to choose the time and place. And even then, disclose only what is necessary. For example, the family absolutely needs to know if a child is talking about suicide, but the child is the one who gets to decide whether to disclose what's prompting their suicidal thoughts (a break-up, a pregnancy, peers' thinking he or she is gay). You can refer these situations to an administrator, counselor, or nurse as long as you can verify that the report happened – usually by observing the phone call. The student could retain some control by getting to choose *which* administrator, counselor or nurse.

If you are the one talking with the family, your role is to alert them that help is needed and to refer them for help in the community, not to be a therapist. For more guidance about making referrals, see pages 16-17. For more guidance about recognizing and reporting sexual abuse, see Appendix 3.

## **Core and Enrichment Lessons**

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Our strong recommendation is that you use all fifteen **Core Lessons** (lesson plans 1-15) with every class. These lessons are designated as core because they are a comprehensive basic package. They cover the core knowledge and skills necessary to achieve the outcomes of the **FLASH** curriculum.

The **Enrichment Lessons** are included for use by teachers who have additional time to dedicate to their sexual health unit, and whose school districts support the teaching of these more sensitive topics. Currently, we offer enrichment lessons covering pregnancy

options, the sexual response cycle, internet safety, and STD vulnerability. All classrooms would benefit from instruction in these topics, and we encourage teachers who can to teach these lessons as well.

Enrichment lessons are also designed to function as stand-alone lessons, so that they may be used outside the health classroom. Teachers leading Family Psychology, Child Development, Life Skills or other similar classes may find the **FLASH** enrichment lessons appropriate for use in their classrooms.

## Preparing Yourself

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### GET TRAINING

The **FLASH** curriculum is written to be as teacher-friendly as possible. Nevertheless, teachers tell us they find training **extremely** useful. Getting to observe master educators and practice new tools with feedback can help you use even the most straightforward lesson plans with more confidence and skill.

**To set up a *FLASH* curriculum training for your district or university** or to find out if any open enrollment **FLASH** workshops are coming up in your area:

- Within King County, WA, contact Beth Reis, [beth.reis@kingcounty.gov](mailto:beth.reis@kingcounty.gov) or Kari Kesler, [kari.kesler@kingcounty.gov](mailto:kari.kesler@kingcounty.gov)
- Elsewhere, contact Roberta Domres, [roberta@cardeaservices.org](mailto:roberta@cardeaservices.org)

Other face-to-face sexual health education training opportunities we can recommend, besides **FLASH** curriculum training, include these annual conferences and institutes:

- **Institutes for Community/Sexual Health Educators (ICHEs)**, sponsored by the Center for Health Training in WA, TX and CA; Health Care Education and Training in the Midwest; and Answer (the program that offers the [sexetc.org](http://www.sexetc.org) website) in the Northeast. More info: <http://www.cardeaservices.org/projects/iche.html>
- **Adolescent Sexuality Conference** in Seaside, OR, sponsored by a consortium of agencies and coordinated by Oregon Department of Human Services. More info: <http://oregon-asc.org/>
- **Annual Sex Ed Conference** in Somerset, NJ, sponsored by the Center for Family Life Education. More info: <http://sexedconference.com/about-cfle/>

These organizations offer other excellent professional development for teachers regarding sexual health education, including some face-to-face and some online:

- **Answer, Sex Ed Honestly** (at Rutgers University). More info: [answer.rutgers.edu/page/training](http://answer.rutgers.edu/page/training)
- Many local **Planned Parenthood** affiliates. More info: [www.plannedparenthood.org](http://www.plannedparenthood.org)

### UNDERSTAND YOUR STATE'S SEXUAL HEALTH EDUCATION LAWS

It is important, morally and legally, that you follow the guidelines established by the State Superintendent of Public Instruction (in Washington State) or Department of Education (in other states and countries) as well as your district's School Board.

For more information about relevant laws, see Appendix 2.

### DO YOUR HOMEWORK

It's advisable to read through this curriculum before you launch into teaching any part of it. You may also want to refresh yourself in content by perusing one or more of the following books, reports and websites:

**Boy V. Girl? How Gender Shapes Who We Are, What We Want, and How We Get Along.** George Abrahams, Ph.D., and Sheila Ahlbrand; 2002; \$14.95; ISBN 1575421046; Free Spirit Publishing.

**Caution: Do Not Open Until Puberty!: An Introduction to Sexuality for Young Adults with Disabilities.** Rick Enright, B.A., M.S.W.; 1995; \$9.95; ISBN 0968041507; Devinjer House.

**ETR's Resource Center for Adolescent Pregnancy Prevention,** [www.etr.org/recapp/](http://www.etr.org/recapp/)

**It's Perfectly Normal: Changing Bodies, Growing Up, Sex, and Sexual Health** by Robie H. Harris & Michael Emberley (Ppbk - 2009) and **It's So Amazing!: A Book about Eggs, Sperm, Birth, Babies, and Families** by Robie H. Harris & Michael Emberley (Ppbk - 2004)

**Guidelines for Comprehensive Sexuality Education: Kindergarten - 12th Grade, Third Edition.** Sexuality Information and Education Council of the United States; 2004, Available as a PDF file online: [www.siecus.org/\\_data/global/images/guidelines.pdf](http://www.siecus.org/_data/global/images/guidelines.pdf)

**Learning About Sexual Diversity at School: What Is Age Appropriate?** Beth Reis; 2004. Safe Schools Coalition. Available as a PDF file online: [www.safeschoolscoalition.org/whatisageappropriate.pdf](http://www.safeschoolscoalition.org/whatisageappropriate.pdf)

**Recognize.Respond.Refer.** from *Love Is Not Abuse*.  
[www.loveisnotabuse.com/web/guest/recognizerespondrefer](http://www.loveisnotabuse.com/web/guest/recognizerespondrefer)

## Preparing Your Materials

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This curriculum is mostly self-contained. The second page of each lesson includes directions to prepare for that lesson. Please review the second page well in advance as some lessons include preparation that you will need to begin as much as four to six weeks before the lesson. For example, you may want to order a recommended film, a penis model, or a birth control kit. Ordering information, when applicable, is included in the lesson. As much as we encourage you to use the recommended activities, we do offer alternative activities for those that can't obtain or use the additional materials.

You do not have to schedule guest speakers or organize field trips to use **FLASH**. Lesson 7 highly recommends inviting a panel of speakers, and offers direction for finding panelists, but does include an alternate activity.

Visuals can either be copied onto transparency film, shown as PowerPoint slides, (available at [www.kingcounty.gov/health/flash](http://www.kingcounty.gov/health/flash)), or projected from a document camera.

## Partnering with Your Administrator

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Discuss the course content, materials, and activities with your building principal. He or she needs to know of outside speakers you plan to invite and may want to see the letter you send to parents and guardians offering to excuse their children.

The importance of involving your administrator from the outset cannot be over-emphasized. The principal must be informed about your unit in order to respond to parents' questions and concerns.

## Partnering with Families

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### Helping Families Decide If Their Child Should Participate

Every family wants the best for their child. They may have fears and concerns you can address. They may have ones you can't. Our advice is to meet face-to-face if possible. If not, set aside time for a phone conversation. In either case, begin by trying to understand their questions and concerns.

- Are they worried that their child will be embarrassed or that there will be a lot of teasing and harassment as a result of these lessons?
- Is their primary concern that their family's conservative or progressive values might be disrespected? Are they from a culture or a religious tradition with values very different from those they see in mainstream media?
- Do they fear that participating might encourage their child to have sex sooner than she or he otherwise would have?
- Are they afraid that their child's sexual assault experience or her having had an abortion will make the class difficult for him or her? Is their child gay and they worry he'll feel invisible in this unit? Is she adopted and they want her not to feel disrespected for that? Is their Orthodox Jewish or Muslim daughter feeling modest and worrying about the co-ed setting? Does their child have a medical condition or surgery that they worry classmates will learn about?

They need to feel heard and understood. Reflect back what you hear and ask clarifying questions. But most important: The clearer you can be about what they're worrying about, the easier it will be to offer a helpful response.

**If part of their concern is the content or tone of the lessons,** offer them a chance to look at the lesson plans. They won't have time to read the **FLASH** curriculum cover-to-cover at back-to-school night, but you could set up a separate time they could study it in the school library or district headquarters or, if they have access to the Internet, you can tell them where to find **FLASH** on line: [www.kingcounty.gov/health/FLASH](http://www.kingcounty.gov/health/FLASH).

**If part of their concern is how you will handle values,** never claim that you don't teach values. It isn't true. You do try to teach that it's wrong to exploit another person, that it's good to treat people respectfully, etc. These are community values. Besides, claiming not to teach any values - even these non-controversial ones - will alienate as many parents as it calms. It is better to explain the values you do try to teach and to discuss how you will handle those that are controversial. You can share the **FLASH** Values Question Protocol (for details, see page 19). Make sure they know that you know your job is to make every child feel safe and respected. That includes those whose parents are gay or lesbian as well as those whose parents oppose same-sex marriage. It includes those who believe abortion is wrong as well as those who believe it to be a responsible decision. They need to know that your own beliefs have nothing to do with that. And mainly, that *you won't take sides* with one child or family over another. Ever.

**If part of their concern is their child's emotional safety,** you might describe how you go about establishing ground rules. Explain that you revisit them as often as necessary and that your top priority - just like theirs - is that your students feel recognized and unafraid.

**If part of their concern is whether their child is ready,** it may help them to realize that many students already have acquired a lot of *misinformation* and disrespectful modeling from peers and from the media. Explain that your class will work to replace misinformation with accurate content and disrespectful attitudes with respect. Make sure they know that researchers have found that programs similar to **FLASH** can actually help teens abstain longer and use better protection later on. But also be clear that you'll respect their decision if they choose to waive their child's participation.

**If one topic in particular is of concern to them,** you can invite them to waive their child from that lesson instead of the whole unit.

**Bottom line:** The student and their family are the best judges of what is best for them.

## Helping Families Educate At Home

We can't emphasize it strongly enough: This unit will be far more effective in reducing teen pregnancy, STDs, and sexual assault among your students if their families communicate about these issues at home while you teach about them in school.

### BACK TO SCHOOL NIGHT

At back-to-school night, you can talk about the importance of families communicating. You can encourage parents and guardians to talk about their feelings and their values with their child. You can explain that only they can speak from the perspective of their own cultures and religions. You can encourage them to talk about their life experience

and the lessons they've learned and to listen to their child's views. You can suggest that they watch TV and explore the Internet together with their child and talk about what they see. For a list of recommended websites to share with families, visit [www.kingcounty.gov/health/flash](http://www.kingcounty.gov/health/flash) and click on "Parents and Guardians".

### FAMILY HOMEWORK

**FLASH** provides ten-minute homework assignments that encourage communication, particularly regarding the adult's and the child's personal feelings and beliefs, and those of their cultures and religions. When you use these **Family Homework** assignments, please follow these guidelines:

- a. Explain that the student can do the assignment with **any** trusted adult (a parent, grandparent, aunt or uncle, group home parent, parent's partner, best friend's auntie, or someone in their church, synagogue, mosque or temple if they have one).
- b. Always offer an alternative **Individual Homework** assignment for students who may not be able to talk with an adult in the family or whose family prefers not to do Family Homework. The same credit should be available for either kind of assignment, so that nobody gets punished for not completing Family Homework.
- c. Never ask students to report on the content of these conversations - only that they did talk. To ask about a student's or family's beliefs or feelings would violate their privacy. The child gets credit just for having talked with a trusted adult.

### REFER HOME

When issues arise in the classroom where there's diversity of opinion, always use the **FLASH** Values Question Protocol (explained in detail on pages 17-21). Even on occasions when you don't have time to use the whole Protocol, even if the bell is about to ring, remember to refer students to their families and other adults they love:

*"Please talk about this issue with your families this week, OK? Think of an adult you trust ... someone at home or, if you have a community of worship, maybe there. Or chat with a family friend. Please take time to find out what they believe and to talk with them about your own values about this issue."*

## Teaching the Unit

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Teaching **FLASH** is pretty straightforward. The first page of each lesson plan includes an agenda. Then, starting on page 3 to 5 of the lesson, the agenda is expanded upon in detail, as "activities". Most lessons offer italicized scripts, not to lock you into our language, but as a tool to translate into your own words as needed.

**Shock your students** the right way. Some teachers say they want to shock their classes into paying attention and behaving with uncharacteristic maturity. That's fine, but do it the right way:

- Do it by showing them more respect than they are used to at school.
- Do it by using sophisticated medical language they don't yet understand and promising that you'll translate as you go, so that, by the end of the unit they will be conversant in it.
- Do it by admitting to the lousy things our generation has done to theirs, such as trying to sell them cosmetics and body-fixing products they don't need, in order to make a buck.
- Do it by admitting that the same self-destructive decision-making folks often accuse adolescents of engaging in also plagues an awful lot of adults.
- Do it by having high academic expectations and avoiding "busy-work."

**Don't shock your students** by making crude jokes at the expense of some group of people (women, gay people, teens, men, etc.). Don't shock them by using slang yourself, except when you read a question verbatim or translate from the familiar to the unfamiliar. And then, do it with a serious facial expression, not a smirk. Don't shock them by suddenly changing the standards from academic to recreational. Don't shock them by sharing your personal or sensationalistic stories. These tactics are counterproductive.

If you invite **guest speakers** to present any of the **FLASH** lessons, even your school's own nurse or counselor:

- Talk with them in advance to make sure they understand your expectations and you understand theirs.
- Make sure they understand that any materials they want to use or hand out besides those contained in **FLASH** have to be district approved and respect state standards. You need to see these in advance. You may need to share them with your supervisor or your district's curriculum office.
- Prepare your students to have paper and pencil ready, be attentive and considerate, and enjoy the change of pace.
- Stay in the classroom. Most states' laws require that a certificated person be present at all times. Besides, you can't do an adequate job of integrating the lesson with the rest of your curriculum or following up on concerns that do not get addressed, unless you have heard what the speaker and the students have said.

Otherwise, our advice is simple:

- **Model respect and as much comfort with the content as you can muster.** Practice saying "penis" and "vagina" in the mirror at home if you need to in order to say them without feeling paralyzed in class.
- **Let yourself be as awkward as you genuinely feel.** Your authenticity is especially important in a lesson about relationships, such as this one.
- **Smile.** Enjoy the unit. Enjoy your students' curiosity. Never joke at anyone's expense and never cheapen the issue, but don't feel your expression has to be sober at all times, either.
- **Teach as if an administrator or parent were in the room.** In other words, there are no secrets – never say or do anything you wouldn't be proud to find on YouTube.

# Making Referrals

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There are times you will need to refer students for services that aren't within your scope of practice: counseling, health care, or substance abuse treatment. In Washington and some other states, minors may provide informed consent for themselves for certain kinds of health care (see Appendix 2, pages 3 and 9). Please do your homework before making these referrals. Although there are many excellent community resources for young people, there are also resources that could potentially harm your students too.

## PREGNANCY

You may need to refer a student for a pregnancy test or for services related to an existent pregnancy. The most appropriate referral is usually to a family planning clinic. They can perform a pregnancy test and can make additional referrals if a student is pregnant. Remember that when referring a student to any community-based provider, not just those that are pregnancy-related, only offer resources that give complete, unambiguous answers over the phone regarding their missions, services, funding and what they will or will not refer for. Most legitimate family planning clinics in the U.S. receive Title X ("Title Ten") federal funding. These clinics provide the full range of FDA-approved contraceptives. They also provide unbiased pregnancy options counseling and referral for all legal options.

In Washington State, you can find Family Planning clinics by calling the state's Take Charge hotline (1-800-770-4334). Nationally, call the National Women's Health Information Center (1-800-994-9662 or go to <http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/title-x-grantees-list/>), a service of the U.S. Department of Health and Human Services.

It is important to note that there are anti-abortion pregnancy centers in most cities which present themselves as health clinics, even when they do not have licensed health care providers on their staffs. Some women who have used these centers have reported being denied their pregnancy test results if they said they were considering abortion. Some report having been given misinformation, perceiving pressure to pray, or feeling bullied not to choose abortion. When students do Research Reports, there may be such centers among those they visit. See guidance about how to prepare for students' reports in lesson 14, page 2.

## SEXUAL ORIENTATION & GENDER IDENTITY

There is no reason to believe that a student needs a mental health referral simply because they are lesbian, gay, bisexual or transgender (LGBT). Being LGBT is not a pathology and does not require treatment. However, if a student is struggling with their sexual orientation or gender identity, or if an LGBT student needs mental health counseling about a different issue, it is important that they receive a referral to a professional who is qualified to work with them.

The **American Psychological Association** "advises that parents, guardians, young people and their families avoid sexual orientation treatments that portray homosexuality as a mental illness or developmental disorder and instead seek psychotherapy, social



support and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support and reduce rejection of sexual minority youth.”<sup>10</sup> For solid advice from the **American Academy of Pediatrics, the American School Counselor Association, the National Association of School Psychologists**, and ten other professional associations, see *Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators and School Personnel*. Go to: [www.apa.org/pi/lgbt/resources/just-the-facts.pdf](http://www.apa.org/pi/lgbt/resources/just-the-facts.pdf).

But supposing there are legitimate reasons for the student to want therapy, how do you find a reputable, respectful mental health counselor who won't try to change him or her? Check with your school counselors, social workers, and nurses. Ask for a referral from a trusted physician or other health care provider. Call your local or state psychological association. Find a licensed community mental health center. Check with a local college or university department of psychology. Call your local chapter of Parents, Families and Friends of Lesbians and Gays (PFLAG). You can find your local chapter here: [community.pflag.org/Page.aspx?pid=803](http://community.pflag.org/Page.aspx?pid=803). Ask for a referral from a local agency that serves LGBT youth. You'll find many of those here: [www.safeschoolscoalition.org/blackboard-organizations.html](http://www.safeschoolscoalition.org/blackboard-organizations.html).

## Answering Students' Questions

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The surest way to meet students where they are developmentally is to make time for them to ask questions and to honor them with answers.

In this section, we will discuss the place of values in the classroom and offer:

- a model for addressing value-laden questions, the “**FLASH Value Question Protocol**.”
- strategies for addressing other questions students ask, including:
  - questions containing **slang or hurtful language**.
  - **personal** questions.
  - questions where **you aren't sure what's being asked**.
  - questions for which **you don't know an answer**.
  - questions about **sexual technique**.

## The Place of Values in the Classroom

It's neither possible nor desirable to provide value-free education. Every moment you spend in the classroom you are communicating some of what you believe about sexuality.

When you do or *don't* respond to students' jokes and innuendos, you communicate values. When you do or *don't* treat a colleague or student with respect, you communicate values. When you talk about your students' families, when you talk about your family, when you intervene in sexual bullying, you communicate values. Even the

ways in which you walk, talk, dress, and sit communicate what it means to you to be the gender you are.

**FLASH** is not value-free. But those of us who work in public schools need to distinguish between two different *types* of values. They need to be handled differently.

There are some that are relatively **UNIVERSAL**. These are values shared by 95% of families we serve. They are values we aren't only *permitted* to express; they are ones we are obligated to reinforce.

There are others that are **NOT UNIVERSAL**. These need to be answered with care to avoid hurting or offending a child and their family.

Relatively **UNIVERSAL** values include such things as:

- Forcing someone to have sex with you is wrong.
- Knowingly spreading disease is wrong.
- Taking care of your reproductive health is important.
- Sex between children and adults is wrong.
- Adultery is wrong.

Values that are **NOT UNIVERSAL** - those without consensus in North America – are ones where a teacher should NEVER teach or express a particular belief. But that doesn't mean we should avoid them altogether. The teacher's role is to provide information on these matters and to facilitate respectful discussion about them.

Examples of **NON-UNIVERSAL** issues where there is a wide range of values in the community include:

- Abortion
- Birth control
- Masturbation
- Same-sex relationships
- Sex outside of marriage
- Cohabitation
- At what age & under what circumstances it's ok to start having sex

**NOTE:** Parents and guardians, unlike teachers, should feel free to ask their children about their feelings and beliefs and to share their own with their children. In fact, this sort of dialogue within families is very important. Children absolutely need a chance - at home - to explore feelings and beliefs with adults they love, just as they need a chance to learn factual information and to have universal, community values reinforced at school. Employees of public schools and other public agencies, unlike family members, have an ethical obligation not to share our personal beliefs in these non-universal arenas; and not to side with one family or one religious perspective or one child over another.

However, as we said above, just because it's inappropriate in a public school setting to teach *particular* values on controversial issues, that does not mean one can't teach *about* the issues. It just means that it must be done with respect for the diversity of

opinion within the community. For example, a teacher may discuss abortion - what it is, where abortions are performed, the fact that it is legal in the United States - but it is not appropriate to share your beliefs about whether or not abortion is the right choice under particular circumstances or ever. (Note: Some school districts have policies about discussing abortion or other controversial topics in the classroom, so it is best to check with your school district first.)

When answering a question about an issue where there is diversity of opinion, we would urge you to follow the Values Question Protocol that follows.

## FLASH Values Question Protocol

- 1. Listen to the question or read it aloud.**
- 2. Legitimize the question.**
- 3. Identify it as a belief question.**
- 4. Answer the factual part, if there is one.**
- 5. Help the class describe the community's range of beliefs.**
- 6. Refer to family, clergy, and other trusted adults.**
- 7. Check to see if you answered the question.**
- 8. Leave the door open.**

### Example:

**Q:** "What do you believe about masturbation?"

**A:** "That's an interesting question; a lot of kids wonder about masturbation. The thing is it's a value question, not a fact question like most of the ones you've been asking me. It's one where every culture and every family believes something different. I can tell you what masturbation is. It's when a person strokes or touches their genitals for pleasure. What kinds of beliefs have you heard about masturbation? Some people believe ... [pause] Uh, huh, and some people believe ... [pause, listen, nod] Some people believe ... [pause]. So the point is: there are lots of different perspectives about masturbation. What I want is for everybody to have a conversation this week with an adult you trust: your parent or guardian, a grandparent or aunt or uncle, maybe a friend of the family or your best friend's mom. If you belong to a church, synagogue, mosque or temple, see if they have a belief about it. If you wrote the question, think about whether that answer helped. If not, feel free to drop another one in the envelope."

You will eventually tailor your use of the protocol, only using every step the first time that, for example, masturbation comes up. For now, you should practice the protocol step by step until it becomes a natural part of your teaching.

**Read the question:**

Read it verbatim, if you can. Use your judgment, of course, but even reading aloud relatively crude language - as long as you do it with a serious tone and facial expression - conveys your respect for the child who asked the question. It is likely to promote respect in return. Sometimes students need, for social status' sake or out of embarrassment, to ask in ways that seem intended to challenge us even though the underlying question is completely legitimate and they have a serious need for an answer. Even when they don't, someone else in the class may. And if not, your taking the question seriously will still set a vitally important tone. More about questions containing slang on page 22.

**Legitimize the question:**

*"I am glad someone asked this one." Or "That's an interesting question." Or "People ask me this one every year." Or "This one is really compassionate/imaginative/respectful."* This will encourage your students to keep asking even as it discourages snide remarks about whoever asked that particular question.

**Identify it as a belief question:**

*"Most of the questions you've been asking have been 'fact questions' where I could look up an answer that all the experts agree upon. This one is more of a 'value question' where every person, every family, every religion or culture has a different belief."* Teaching your students to distinguish facts from opinions (and from feelings) is at least as important as any content you will convey.

**Answer the factual part, if there is one:**

*"Before we get to differing beliefs about masturbation, let me just make sure you know it doesn't cause people to go blind or mentally ill or to grow hair on their palms or anything like that."* Even if the question is about the rightness or wrongness of masturbation, you need to make sure that your class understands what it is and that - values notwithstanding - no physical harm results from masturbating.

Some questions that are apparently fact questions may need a discussion of the underlying values, but always start by answering them:

*"Can you get birth control without your boyfriend or husband knowing? Yes, legally in our state, you can. Now let's talk about the different beliefs people might have about couples' communicating about birth control."*

**Help the class describe the community's range of beliefs:**

*"Tell me some of the things you've heard that people believe about that."*

*"Some people believe \_\_\_\_?"*

*"Um, hmm, and some people believe \_\_\_\_?"*

On sensitive issues such as sex and religion, it can be really unfair to ask individual students their own beliefs. In terms of religion, in Washington State, it also illegal. But it is very appropriate to ask them to think about what they have heard.

In a class that is used to thinking about the range of community values, you will be able to draw a full assortment of answers from the students. In other groups, especially

younger ones, you may draw only a dichotomy ("Some people believe masturbation is wrong." and "Some people believe it is right.") In any case, your role is two-fold:

1. to make sure that every belief gets expressed - or paraphrased - respectfully, hopefully just the way the person who believed it might express it, and
2. to make sure that a complete a range of beliefs gets expressed, even if you have to supplement the few values the group can think of:

*"That's right, some people believe that masturbation is wrong under any circumstances or that it's a sin. And some believe it's right, as long as it's done in private. Some people believe it's OK for little kids to masturbate but that after a certain age, children should be taught not to. Others believe there's no age limit and that elderly folks in nursing homes should be given private time in case they want to do it. Some people think masturbating is fine for people who are single but that once you are in a relationship it's better to stop. But then some couples give each other privacy so their partner can masturbate."*

**Refer to family, clergy and other trusted adults:**

*"Because people have such different beliefs about this, I really want to encourage you to talk with your families - your parent or guardian, grandparent, stepparent, mom's or dad's partner - or with somebody at your community of worship, if you attend a church or synagogue or temple or mosque - or with some other adult you love and whose opinions matter to you. That could be your best friend's parent, a counselor, or whoever will listen to your opinions and honestly share theirs. Have a conversation within the next week if you can."*

Notice that this encouragement didn't assume that every child has a parent they can talk with. Some may be newly in a foster home and don't yet have that kind of relationship with their new "parents." Also, notice that we shouldn't assume that every child goes to church.

What if the family is likely to convey values that the child will feel hurt by (a teen who has come out to you as gay, for instance, but whose family is strongly opposed to homosexuality)? Still, knowing one's family's beliefs is developmentally important for young people. But help them think of other trusted adults, as well.

**Check to see if you answered the question:**

*"Is that what you were asking?"*

*"Do you all think that was what the person who wrote this question was asking?"*

**Leave the door open:**

*"If that isn't what you really wanted to know, you can drop another question in the box or come talk with me in private. You can also get a friend to ask it aloud for you or to explain to me what you meant. Just keep asking until I understand and tell you what you need to know."*

## Other Types of Questions

Most questions your class asks will not be value-laden. New teachers are often relieved to discover that *most* questions asked in a sexual health unit, like most in other units, are straightforward fact questions: ones for which you have an answer.

But there are some other types of questions that can be a little more challenging. We examine these in the pages that follow. Rather than a formal protocol, like the one we offered for value-laden questions, we'll offer strategies. Your professional judgment will determine which you use in response to a particular question.

### The Slang or Hurtful Language Question

There are three very different kinds of slang questions:

1. Some contain euphemisms, baby talk, or non-medical, common synonyms for things: *"What does popping the cherry mean?"*
2. Others are crude but not unkind: *"Does it hurt you if you jack off a lot?"*
3. Still others contain derogatory language, stereotypes or disrespectful assumptions: *"Why are men such a-holes?"*

You will handle each of these differently. Trust your professional judgment and personal comfort as guides. Strategies include:

- Read the question verbatim. There are multiple advantages of reading the question verbatim, if at all possible. You avoid confusing the author of the question. You communicate your respect for the students and your trust in their sincerity and maturity. Even if you really do think the question was asked to push your buttons, reading it verbatim and treating it seriously communicates that you're relatively unflappable and it diffuses the need to test.
- If it makes you too uncomfortable to read it verbatim, own your discomfort: "I'm not comfortable reading this one as it's written. But it's a legitimate question; let me paraphrase it." Reword the question, making sure it's still identifiable to its author.
- Identify the slang as such. Do that in a nonjudgmental sort of way, unless it's demeaning slang.
- If it is demeaning slang, say so. Identify it as a put down (derogatory, offensive, mean, disrespectful, a stereotype) "whether it was meant to be or not."
- Translate it into medical/standard (or, in the case of demeaning slang, "more respectful/sensitive") language. Write the medical/standard/respectful/sensitive term on the board: "'Balls' is slang for 'testicles' - let me spell that for you."
- Answer the question.

### The Personal Question

Some questions are **personal about the asker**: *"I was abused by my uncle. He said he'd get me in trouble if I told anyone. What should I do?"* Strategies include:

- Never read these verbatim. If you do, people will turn and look around to see who asked the question.
- Paraphrase it. Generalize and omit identifying information: "Someone asked what a person should do if a relative abused them and said they'd get in trouble if they told anyone."

- Remove the stigma by describing experiences like abuse as “common.”
- Answer the general question.

Some questions are **personal about you**, the teacher: *“Do you have children?” “Do you use birth control?”* Strategies include:

- Use your professional judgment about boundaries. General advice: If the question is about your identity and family constellation, you may choose to share. If it is about your sexual behavior, it is never OK to share. If it is about your health or health behavior, use your judgment.
- Err on the side of boundaries. Talk about and model boundaries. Identify it as personal, without judging the student for asking. Own your feelings: “That’s a personal question and I’m not comfortable sharing such personal stuff with you guys. You are my students. I care about you but you’re not my close friends.”
- Answer in a general way: “Maybe the person is really trying to figure out how common it is to use birth control. So I looked it up last night. According to the U.S. government, nearly all women (over 99%) between age 15 and 44 who have ever had sexual intercourse have used at least one form of birth control.”<sup>11</sup>

Some questions are **personal about someone else** (a classmate, another teacher): *“Is Mr. Smith gay?” “Has Lucy Parker went threw puberty?”* Strategies include:

- Never read these verbatim. That would violate someone’s privacy.
- Generalize: “Someone asked how you know if someone is gay.” or “Someone asked how you know if someone else has gone through puberty.”
- Remind people about protecting others’ privacy.
- Ask *“I’m curious about what difference it would make? Why would it matter?”*
- Answer the general question.

## The Question You Don't Understand

Maybe the student’s handwriting is messy. Maybe their spelling or grammar is confusing. Maybe they used slang you don’t recognize or a pop culture reference you aren’t familiar with. Strategies:

- The most important thing, in order to not shut down students’ asking questions, is to own the responsibility for not understanding (as opposed to blaming the author of the question): *“I’m not sure what this person meant.”*
- Guess at the author’s intended question and answer it. You may need to answer more than one possible question.
- Ask if anyone in the class knows what the person might have meant.
- Invite the author to drop another question in the question box, rephrasing what she or he meant.

## The Question for Which You Don't Know the Answer

Don’t panic. The fact that you don’t know gives you a valuable opportunity to model that even adults (teachers, doctors, journalists, etc.) don’t know all there is to know about human sexuality. It’s not a failure; it’s a chance to help *students* feel less ignorant for not knowing all there is to know about sex. Besides, it lets you teach the skill of finding answers ... a far more crucial learning than the answer itself. Strategies include:

- Admit you don’t know! Even compliment the asker on stumping the expert.

- Make an educated guess, but acknowledge that that's what you are doing. For example, one of the authors was asked in a 5<sup>th</sup> grade class anonymous question box, *"How many people are polyorchid?"* She said, *"I'm not familiar with the word but let me think about it. 'Poly' means more than two of something. And 'orchid' means it has to do with testicles. So maybe the person is asking, 'How many men have more than two testicles?"*
- Look it up in front of them. If the teacher had a medical dictionary handy, they could have confirmed whether they were deducing correctly what *polyorchid* meant. And the class could have seen good modeling of looking up information in a reliable source.
- Promise to find out. Get back to them. Tell them how and where you found out. *"It is extremely rare. There have been fewer than 100 cases reported around the world.<sup>12</sup> I found out by searching Google Scholar (where you find professional journals)." But on the chance that the child who asked is polyorchid, I added, "Of course most people have something unique about their bodies. Few people look exactly like the bodies I show diagrams of."*
- Ask if anyone in the class knows the answer.
- Get a volunteer to research it and report back. Provide some guidance about where the volunteer might go for the answer (e.g., family doctor, librarian, particular – safe, reliable – websites). Consider offering extra credit.

## The Sexual Technique Question

The purpose of the unit is not to teach people **how** to have sex. In a **college** class on human sexuality it might be appropriate to explain the how to. For example, if a student asked, *"How do girls masturbate?"* a college professor might talk about women using hands, toys, pillows, and/or fantasy. **That is not appropriate at this grade level.**

Strategies are pretty straightforward:

- Assume good intentions, not "testing." Acknowledge that the person who asked the question may have been being playful, but don't assume hostility on their part.
- Express boundaries.
- Answer the factual part of the question, not the "how to."

*"Well, I'm not here to teach people how any sexual behavior is done. But I can define it for you. Masturbation is a person rubbing his or her own genitals for comfort or pleasure. The genitals are the outside parts of the reproductive system - a boy's or a man's penis and scrotum, a girl's or a woman's labia and clitoris."*

## Gaining Skills and Confidence in Answering Student Questions

Many educators view answering student questions as the cornerstone of sexual health education. Not only is it fundamental to student learning; it can build trust in your classroom, provide modeling of respectful communication, and address the confusing and sometimes dangerous misinformation that bombards young people in our culture.



Skill and confidence come with practice, but training and technical assistance is available in King County, WA, and elsewhere.

Primarily, we recommend sexual health education training, which typically includes a component on answering questions. See page 10 for training opportunities, locally and nationwide. Additionally, in King County, WA, experienced sexual health educators from Public Health – Seattle & King County are available for classroom assistance, coaching, and phone consultation, in answering student questions. Go to: [www.kingcounty.gov/health/flash](http://www.kingcounty.gov/health/flash) and click on “Find Out About Training Here” on the left hand side of the screen.

With training and technical assistance, most educators find that their anxiety lessens, their skills improve rapidly, and answering student questions becomes a more enriching experience for them and their students.

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- <sup>8</sup> For more about the issue, see *Transgender and Gender Variant Children and Youth: Resources for Parents/Guardians, Family Members, Educators and Allies* [www.safeschoolscoalition.org/RG-gender\\_nonconforming\\_trans\\_youth.html](http://www.safeschoolscoalition.org/RG-gender_nonconforming_trans_youth.html) and *Coming Out* [www.safeschoolscoalition.org/Coming\\_Out.pdf](http://www.safeschoolscoalition.org/Coming_Out.pdf).
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